FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

RECEIVED

OMB APPROVAL OMB Number: 3235-0076

Expires: April 30, 2008

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTION

199

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SEC USE ONLY Serial

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has c	hanged, and indic	ate change.)	
Sale of Membership Units of Hoodiny Entertainment Group, LLC			
Filing Under (Check box(es) that apply): Rule 504 Rul	e 505 🗵 Rul	e 506 Section 4	PROCESSEL
Type of Filing: New Filing Amendment			" MOUESSEL
A. BASIC IDENTIFIC	CATION DATA		
Enter the information requested about the issuer			MAR 2 1 2007
Name of the Issuer ( check if this is an amendment and name	e has changed, ar	nd indicate change.)	E001
Hoodiny Entertainment Group, LLC		-	THOMSON
Address of Executive Offices (Number and Street, City, State, Z	ip Code)	Telephone Number (I	nclating (New Code)
4970 SW 72 <sup>nd</sup> Avenue, Suite 100, Miami, FL 33155		(305) 798-8929	TOIAL
Address of Principal Business Operations (Number and Street, City, St	ate, Zip Code)	Telephone Number (I	ncluding Area Code)
(if different from Executive Offices)		1	,
,	•	Ĭ	
Brief Description of Business			
Hoodiny Entertainment Group, LLC is a digital media company fo	cusing on the glo	bal Hispanic entertain	ment market.
Type of Business Organization	·		
☐corporation ☐ limited partnership, already form	ned 🔲 othe	r (please specify):	
□ business trust □ limited partnership, to be formed	∐Limited Liability	y Company	
	Month	Year	
Actual or Estimated Date of Incorporation or Organization:	10	2005 X Actual	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Pos	tal Service abbrev	ation for State:	<del>_</del>
CN for Canada; FN f			
GENERAL INSTRUCTIONS			***.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

**SEC 1972** (6/02)

Potential person who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

	A. BASIC IDE	NTIFICATION DATA							
Enter the information requested t     Each promoter of the issues		n organized within the past	five years;						
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> </ul>									
<ul> <li>Each executive officer and director of corporate issuers and of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter	⊠Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)  Bellumio, Demian									
Business or Resident Address (Number a 4970 SW 72 <sup>nd</sup> Avenue, Suite 100, Miami	nd Street, City, State, Zip , FL 33155	Code)							
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)  Brogi, Scott									
Business or Resident Address (Number at 4970 SW 72 <sup>nd</sup> Avenue, Suite 100, Miami	nd Street, City, State, Zip , <b>FL 33155</b>	Code)	-						
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Schonholz, Fabian									
Business or Resident Address (Number a 4970 SW 72 <sup>nd</sup> Avenue, Suite 100, Miami	nd Street, City, State, Zip , FL 33155	Code)							
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Rosenfeld, Miguel									
Business or Resident Address (Number at 4970 SW 72 <sup>nd</sup> Avenue, Suite 100, Miami	nd Street, City, State, Zip , FL 33155	Code)							
Check Box(es) that Apply: ☐ Promoter	⊠ Beneficial Owner		☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Bellumio, Ariel									
Business or Resident Address (Number a 4970 SW 72 <sup>nd</sup> Avenue, Suite 100, Miami	nd Street, City, State, Zip , FL 33155	o Code)							
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Hood Invest, LLC			<u> </u>						
Business or Resident Address (Number a 4970 SW 72 <sup>nd</sup> Avenue, Suite 100, Miami		o Code)							
Check Box(es) that Apply: ☐ Promoter	☐Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)  Dalmastro, Andres									
Business or Resident Address (Number a 4970 SW 72 <sup>nd</sup> Avenue, Suite 100, Miami		o Code)							

				B. IN	IFORMAT	ION ABO	OUT OFFE	RING				
1. Has	the issuer s	old, or doe	s the issu	er intend to	sell, to nor	-accredite	ed investors	in this offe	ering?		Yes	No ⊠
					o in Append	•	•					
	What is the minimum investment that will be accepted from any individual?											
3. Does	the offering	g permit jo	int owners	hip of a sin	gle unit?						Yes	No
												$\boxtimes$
com If a p state	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Nar	ne (Last na	me first, if	individual)									
Gene R							<u> </u>					
Busines	s or Reside	nce Addre	ss (Numb	er and Stre	et, City, Sta	ite, Zip Co	de)					
	Biscayne Bl			i, FL 33131								
Name o	f Associate	d Broker o	r Dealer									
Stanford	Group Co	mpany										
	n Which Pe "All States"					it Purchas	sers				Паі	Il States
[ÀL]	[AK ]	[AZ]	[AR]	[CA]	[CO]	[CT]	[ DE ]	[DC]	[FL]x	[GA]	[ HI ]	[ ID ]
[ IL ] [MT]	[IN ] [NE]	[ IA ] [ NV ]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ ME ] [ NY ]	[MD] [NC]	[ MA ] [ ND ]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[ MO ] [ PA ]
[RI]	[SC]	[SD]	[TN]	[TX]x	įυτί	ivi	[VA]	[WA]	[wi]	[W]	[WY]_	[PR]
Fuli Nam	e (Last name	nrst, if indi	vidual)									
N/A	or Residence	o Addross /	Number on	d Street City	State Zin (	Code)				<del></del>		
DUSINESS	o Residenc	a Audiess (	Number an	a Stieet, City	y, State, Zip v	20d <del>0</del> )						
N/A Name of	Associated E	Proker or De	aler									
Maine O	ASSOCIATED L	JIOKEI OI DE	-aci									
N/A States i	n Which Pe	rson Lister	I has Solid	ited or Inte	nds to Solic	it Purchas	sers					
(Check	"All States"	or check i	ndividual	States)								II States
[AL ] [IL]	[AK ] [IN ]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[ DE ] [ MD ]	[DC] [MA]	[FL] [Ml]	[ GA ] [ MN ]	[HI] [MS]	[ ID ] [ MO ]
[MT]	[NE]	[NV]	[ NH ]	[ NJ ]	[ NM ]	[ NY ]	[NC]	[ND]	[ HO ]	[OK]	[OR]	[PA]
[Ri] Full Nam	[SC] le (Last name	[SD]	[TN] vidual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			· · · · · · · ·									
N/A Business	or Residence	e Address (	Number an	d Street, City	y, State, Zip	Code)					<del></del>	
N/A												
	Associated E	Broker or De	aler						-			
N/A												
	n Which Pe				nds to Solid	it Purchas	sers		<del></del>			II Ctotos
(Check	"All States" [AK ]	or check (	ndividual : [AR]	States) [ CA ]	[CO]	[CT]	[ DE ]	[DC]	[FL]	[ GA ]	∐ Al [HI]	II States [ID]
[ [ ]	[IN ]	[ Al ]	[KS]	[KY]	[LA]	(ME)	[MD]	[ MA ]	[ MI ]	[ MN ]	[MS]	[ MO ]
[MT] _{RI]	[NE ] [SC ]	[ NV ] [ SD ]	[NH] [TN]	[NJ] [TX]	[ NM ] [ UT ]	[NY] [VT]	[ NC ] [VA]	[ ND ] [ WA ]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(1) In its discretion, the issuer may accept a lesser amount from any individual.

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \Preceq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Price Amount Already Type of Security Sold Debt ..... \$0 Equity \$0 ☐ Preferred ☐ Common Convertible Securities (including warrants)..... Partnership Interests..... Other (Specify) Membership Units..... \$ <u>10,000,000</u> \$6,598,596.20 Total..... \$ <u>10,000,000</u> \$6,598,596.20 Answer also in Appendix, Column 3, if filing under ULOE, Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases \$6,598,596.20 <sup>(2)</sup> 5 Accredited Investors 0 Non-accredited Investors Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify by type listed in Part C - Question 1. Type of Security Type of offering **Dollar Amount** Sold Rule 505 ..... Regulation A ..... Rule 504 ..... Total..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs \$0 Legal Fees ..... \$75,000 Accounting Fees \$0.00 Engineering Fees \$0.00 Sales Commissions (specify finders' fees separately) \$0.00 Other Expenses (identify) Placement Agent Fees (Stanford Group Company)\_\_\_\_.....

(2) Includes \$5,348,416.90 in purchases by foreign investors.

(3) In addition to this amount, the placement agent may also received up to 1,004 warrants.

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$700,000 (3)

\$775,000

 $\times$ 

Total ......

b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 9,225,000

Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose in not known, furnish an estimate and check the box to the left of the estimate. The total of the payment listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.

		Payment to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		. <b>S</b>	□ \$ <u>0</u>
Purchase of real estate		. 🗆 \$_0	□ \$ <u>0</u>
Purchase, rental or leasing and inst	allation of machinery and equipment	. 🗆 \$ 0	□ \$ <u> </u>
Construction or leasing of plant buil	dings and facilities	. 🗆 \$0	<b>\$</b> 0
Acquisition of other businesses (inc offering that may be used in exchar issuer pursuant to a merger)	luding the value of securities involved in this ge for the assets or securities of another	. 🗆 \$0	<b>\$</b> 0
Repayment of indebtedness		🗆 \$ <u>0</u>	<b>\$_0</b>
Working capital		. 🗆 \$	□ \$ <u>0</u>
Other (specify): Growth of busines	s and general corporate purposes.	_ 🗆 \$	<b>\$ 9,225,000</b>
Column Totals	s added)		□ \$ <u>0</u> ⊠ \$ 9,225,000  9,225,000
	D. FEDERAL SIGNATURE		
the following signature constitutes an unde	e signed by the undersigned duly authorized p rtaking by the issuer to furnish to the U.S. S amished by the issuer to any non-accredited in	ecurities and Exchang	e Commission, upon
Issuer (Print or Type)	Signature	Date:	
Hoodiny Entertainment Group, LLC	13	March 7, 2007	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		-
Demian Bellumio	President		

ATTENTION						
	A	т	TE	N.	TIC	DN

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	<del></del>	
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice Form D (17 CFR 239.500) at such times as required by state law.	æ is filed, a r	notice on
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ation furnishe	ed by the

The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Hoodiny Entertainment Group, LLC	1	March 7, 2007
Name (Print or Type)	Title (Print or Type)	
Demian Bellumio	President	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX (4)

		·y-	I	<u>r</u>				1	
1 1	2		3			4		5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount <sup>1</sup>	Number of Non-Accredited Investors	Amount	Yes	No
AL									1
AK									
AZ								·-·	
AR									
CA									
co									
СТ									
DE									
DC									
FL	-	х	Membership Units	3	\$1,250,179.30	0	\$0.00		No
GA_									
н									
ID					<u> </u>				
IL_							ļ		ļ
IN									
IA									<u> </u>
KS									ļ
KY									
LA					<u> </u>			_	-
ME								_	
MD									ļ <u></u>
MA			-	<u> </u>					
MI									
MN							-		<b>_</b>
MS		-		_			<del> </del>		
MO			L		L		<u> </u>	l	

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<sup>&</sup>lt;sup>4</sup> This appendix does not include \$5,348,416.90 in purchases by foreign investors.

## **APPENDIX**

1	2	<del></del>	3		4			5	
	Intend to no accrecinvesto Sta	on- dited ors in te	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredit ed Investor 8	of Coredited Amount Investors Amount ed Sector Sect				No
MT									
NE									
NV									
NH									
NJ									
NM		_							
NY									
NC									
ND									
ОН									
ок	<u> </u>								
OR						. 4,14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ļ
PA									ļ
RI			<u></u>						
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